Business / Source Closure Notification

Complete and sign this form and return it to Spokane Clean Air within 90 days after equipment or operations, producing air contaminant emissions, permanently cease (WAC 173-400-101(5) and SRCAA Regulation 1, Article IV). Failure to notify Spokane Clean Air of a source closure within 90 days may result in the issuance of a Notice of Violation, which may be followed by the assessment of a civil penalty.

Facility Information

Source/Facility Physical Address: ____________________________________________
Date Operations Ceased: __________________________
LCB (cannabis) License Number, if applicable: _____________________________

Owner/Business Information

Owner Name: ____________________________________________________________
Legal Business Name: ____________________________________________________
Doing Business As (dba): ________________________________________________
Mailing Address: _________________________________________________________
Phone Number: __________________________________________________________
Email: _________________________________________________________________

Description of Equipment or Process

Explain what operations ceased:

_____________________________________________________________________

Explain any equipment that was removed from site or made permanently inoperable and how: _________

_____________________________________________________________________

Responsible Agent Signature

• I understand that prior to operating a source that produces air emissions at the location above or anywhere within Spokane County requires that I:
  a) Apply for and receive an approved Notice of Construction (NOC) from SRCAA prior to installation and operation, if applicable; or
  b) If a NOC is not required, submit registration information and fees prior to starting operations.
• I understand that all SRCAA Approval Orders and exemptions will be voided upon submittal of this form.
• I declare, under penalty of perjury under the laws of the state of Washington, that the information provided above is true and accurate.

Print Name: _______________________________   Title: ____________________
Signature: _________________________________  Date: ____________________  Jan 2019